



**TRANSMITTAL
FORM**

TRANSMITTAL FORM	Application Serial Number	09/664,226
	Filing Date	September 18, 2000
	First Named Inventor	Li
	Group Art Unit	3624
	Examiner Name	Akers, Geoffrey R.
	Attorney Docket No.	EMT-001
	Patent No.	Not applicable
	Issue Date	Not applicable

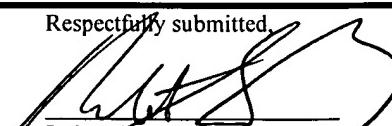
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Second Information Disclosure Statement <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Second Form PTO-1449 (1pg.) <input checked="" type="checkbox"/> Copies of IDS Citations (A1) 	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

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CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Respectfully submitted,  Robert S. Blasi, Esq. Attorney for Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110



GP 3624

PATENT
Attorney Docket No. EMT-001
(6696/3)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Li *et al.*
SERIAL NO.: 09/664,226 GROUP NO.: 3624
FILING DATE: September 18, 2000 EXAMINER: Akers, Geoffrey R.
TITLE: Auction Management

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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Alyson J. Lucas

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Submitted herewith is/are:

Transmittal Form (1 page);
Second Information Disclosure Statement (2 pages);
Second PTO Form 1449 (1 page);
Copy of the Cited Reference (A1) and
Return Receipt Postcard.